IX. Mental Health

This chapter addresses mental illness, alcoholism, drug abuse, and developmental disabilities. These conditions result in social problems of such magnitude that mental health ranks as one of the state's priority health issues. The Mississippi Department of Mental Health, regional community Mental Health-Mental Retardation Centers, and licensed private sector facilities provide most of the state's mental health services. Unless otherwise specified, information in this chapter is limited to the programs and services of these entities.

Some providers in the private sector are not licensed under state authority. These entities are not required nor do they voluntarily submit information to any state agency regarding the amount and type of services they render. The lack of data from these facilities makes it difficult to determine the overall impact that the private sector has in delivering mental health services.

Mississippi Department of Mental Health

State law designates the Mississippi Department of Mental Health (MDMH) as the agency to coordinate and administer the delivery of public mental health services, alcohol/drug abuse services, and mental retardation services throughout the state, as well as community-based day programs for individuals with Alzheimer's disease and other dementia. Responsibilities of MDMH include: (a) state-level planning and expansion of all types of mental health, mental retardation, and substance abuse services, (b) standard-setting and support for community mental health/mental retardation and alcohol/drug abuse programs, (c) state liaison with mental health training and educational institutions, (d) operation of the state's psychiatric facilities, and (e) operation of the state's facilities for individuals with mental retardation. MDMH consists of three bureaus: Administration, Mental Health, and Mental Retardation. Responsibility for the operation and oversight of specific programs falls to the various divisions within each bureau.

Bureau of Administration

The Bureau of Administration consists of the Divisions of Accounting, Auditing, Planning and Public Information, Professional Development, Information Systems, Human Resources, and Professional Licensure and Certification. These divisions work collectively with bureaus that provide direct service.

Bureau of Mental Health

The Bureau of Mental Health provides a variety of services through several divisions:

a. Responsibility for the development and maintenance of community-based mental health services for adults, addressing a priority population of adults with serious mental illness, belongs to the Division of Community Services. The 15 regional mental health centers and the community service divisions of the state psychiatric hospitals provide an array of treatment and support services. The division focuses its major effort toward providing a network of community-based services offering the support needed by individuals, which may vary across time. Additionally, the Bureau works in conjunction with the Bureau of Mental Retardation to coordinate the emergency/crisis response of the MDMH with the Mississippi Emergency Management Agency (MEMA).

b. The Division of Alcohol and Drug Abuse Services establishes, maintains, monitors, and evaluates a statewide system of alcohol and drug abuse services, including prevention, treatment, and rehabilitation. The division designed a system of services to reflect its

philosophy that alcohol and drug abuse are preventable and treatable illnesses. This system provides a continuum of community-based, accessible services including prevention, outpatient, detoxification, community-based primary and transitional treatment, inpatient, and aftercare services. The division provides technical assistance to state agencies and other interested organizations in implementing Employee Assistance Programs. All services are provided through a grant/contract with state agencies, local public agencies, and nonprofit organizations.

c. The Division of Children and Youth Services determines the mental health service needs of children and youth in Mississippi and develops programs to meet those needs. Division staff provides technical assistance and leadership in the implementation of MDMH-certified mental health services and programs for children and youth. The division develops and supervises evaluation procedures to ensure the quality of these programs and oversees the enforcement of certain governmental regulations, including MDMH guidelines and standards for services. The 15 regional community mental health centers and a number of other nonprofit agencies and organizations funded and or certified by MDMH provide community mental health services for children.

d. The Division of Accreditation and Licensure for Mental Health coordinates and develops certification standards, certification site reviews, and compliance requirements for community mental health and alcohol/drug abuse services operated and/or funded through the MDMH. This division coordinates peer review/quality assurance teams, which may review community programs operated and/or funded by MDMH.

e. The Division of Alzheimer's Disease and Other Dementia develops and implements state plans to assist in the care and treatment of persons with Alzheimer's disease and other dementia, including education and training of caregivers (family and service providers), and development of community-based day programs.

f. The Office of Constituency Services documents, investigates, and resolves all complaints/grievances regarding state and community mental health/mental retardation facilities received from consumers, family members, and the general public. The office also operates and maintains a computerized database to provide information regarding services for persons with mental illness, mental retardation, and substance abuse to callers using a toll-free help line.

g. The state's two larger psychiatric hospitals - East Mississippi State Hospital (EMSH) at Meridian and Mississippi State Hospital (MSH) at Whitfield - both provide inpatient services, including acute and intermediate psychiatric care, alcohol and drug treatment for adults, acute psychiatric care for adolescents, and skilled nursing care. EMSH provides inpatient acute psychiatric alcohol and drug treatment for adolescent males, and MSH provides acute psychiatric care for children, medical/surgical hospital services, and forensic services. Two 50-bed hospitals, the North Mississippi State Hospital (NMSH) in Tupelo and the South Mississippi State Hospital (SMSH) in Purvis, provide acute psychiatric services for adults for designated service areas. The NMSH serves men and women from 18 counties, and SMSH serves adults from a nine-county designated area. Both the MSH and EMSH also provide transitional, community-based care for adults with serious mental illness. These services include community-based housing options (such as group homes or supervised apartments), halfway house services, case management, psycho-social rehabilitation services, and specialized services for individuals with mental illness who are homeless. These services are generally provided in close proximity to the hospitals and/or in areas where a regional mental health/mental retardation center elects not to provide that particular community service.

Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, and Central Mississippi Residential Center also operate state crisis intervention centers, as described in more detail on pages IX-12 and IX-13 that follow.

h. The first phase of renovation of the Central Mississippi Residential Center (CMRC) in Newton (formerly the Clarke College property) is complete, and four 12-bed personal care homes located on the campus were opened in the fall of 2003. The CMRC will provide a specialized residential treatment program for adults with long-term mental illness discharged/transferred from the state hospitals. CMRC continues to operate a day- program for persons with Alzheimer's disease/other dementia and a crisis intervention center, as mentioned above.

i. The Specialized Treatment Facility for Emotionally Disturbed Youth in Gulfport opened in September 2004 and is currently operating at partial capacity (as of May 2005). This 48-bed facility is designed to serve youth who have come before youth court and have also been diagnosed with a mental disorder. Adolescents appropriate for admission are 13 years, but less than 21 years of age who present an Axis I diagnosis of a severe emotional disturbance and need psychiatric residential care.

Bureau of Mental Retardation

The Bureau of Mental Retardation supervises three divisions and five comprehensive regional facilities for persons with developmental disabilities/mental retardation.

a. The Division of Community Mental Retardation Services develops community mental retardation programs established with state or federal funds other than Developmental Disability Funds. The division works with the regional community mental health/mental retardation centers, state facilities, and other service providers to develop community programs for persons with mental retardation. The division also develops the *State Plan for Related Services and Support to Individuals With Mental Retardation/Developmental Disabilities,* and supports the Bureau of Mental Retardation State Plan Advisory Council.

The Bureau also provides early intervention services for infants and toddlers with developmental disabilities or potential for developmental delay. The MDMH's Early Intervention Programs and the MDH's First Steps Program work together to locate children and families in need of early intervention services and provide linkages to those services. Program sites across the state provide children and families with comprehensive multidisciplinary evaluations, speech/language therapy, occupational therapy, physical therapy, and educational interventions. Each of the five comprehensive regional centers provide community early intervention services.

b. The Bureau of Mental Retardation serves as the designated state agency for the Mississippi Council on Developmental Disabilities (CDD). The CDD funds are used to improve the lives of people with developmental disabilities and their families throughout the state. Service priorities selected by the Council for FY 2001-2006 include employment, community living, transportation, health, and leisure/recreation. Initiatives (service grants) are awarded to programs through an annual Request for Proposal process.

c. The Division of Home and Community-Based MR/DD Waiver (HCBS Waiver) provides services to persons with mental/retardation/developmental disabilities who would require the level of care found at an intermediate care facility for the mentally retarded (ICF/MR) if these services were not available. Statewide program capacity has increased over time and will continue to expand pending federal approval and appropriation of the state General Fund

match. The HCBS-MR/DD Waiver program is available on a statewide basis to eligible persons of all ages. More information about this program appears in the Mental Retardation/Developmental Disabilities section of this chapter.

d. The Division of Accreditation, Licensure, and Quality Assurance for Mental Retardation coordinates the development of certification standards, certification site visits, and compliance requirements for community programs. The division also works with the five regional centers for persons with developmental disabilities, the comprehensive community mental health/mental retardation centers, and other providers to ensure quality of care and compliance with accreditation standards.

e. Mississippi operates five comprehensive regional facilities for individuals with developmental disabilities: Boswell Regional Center, Sanatorium; Hudspeth Regional Center, Whitfield; Ellisville State School, Ellisville; North Mississippi Regional Center, Oxford; and South Mississippi Regional Center, Long Beach. These facilities provide institutional care as licensed intermediate care facilities for the mentally retarded (ICF/MR). Residential services include psychology, social services, medical and nursing services, recreation, special education, speech therapy, occupational therapy, physical therapy, audiology, and vocational or work training. These facilities also provide a primary vehicle for delivering community services throughout Mississippi. In the community setting, the comprehensive regional facilities provide alternative living arrangements, including group homes, supervised apartments, and specialized homes for elderly persons, and shadow-supervised living arrangements. They also provide diagnostic and evaluation services, employment services, early intervention services, case management services, and transitional training services.

f. The Juvenile Rehabilitation Facility is a 48-bed residential facility in Brookhaven, serving youth with mental retardation whose behavior makes it necessary for their treatment to be provided in a specialized treatment facility. Though most youth served are between 13 and 21 years old, persons under age 13 may be considered for services on an individual basis as space is available.

The various bureaus and divisions of the MDMH maintain close working relationships with the 15 regional community mental health centers, the Mississippi Department of Education, Mississippi Department of Rehabilitation Services, Mississippi Department of Human Services, Mississippi Department of Health, and other public and private organizations.

Regional Community Mental Health-Mental Retardation Centers

Regional community mental health-mental retardation centers provide a major component of the state's mental health services. Fifteen centers currently operate in the state's mental health service areas, and most centers have satellite offices in other counties. These centers provide a statewide network of services readily available to all Mississippians. Each center provides a number of services to adults and children. The specific services may vary among centers, but generally include the following:

- Outpatient services
- Psychosocial rehabilitative services
- Consultation and education services
- After-care services
- Pre-evaluation screening (prior to civil commitment examination)

- Case management services
- Inpatient referral
- Emergency services
- Access to family education services
- Access to consumer education services
- Mental health therapeutic residential services
- Alcohol abuse prevention/treatment services
- Drug abuse prevention/treatment services
- Mental retardation/developmental disabilities services
- Specialized children's mental health services — crisis intervention, sexual abuse intervention, intensive psychosocial/day treatment rehabilitation, and outpatient therapy.

The Mississippi Legislature established community mental health centers in 1966 with funding from federal staffing grants. To secure the required matching funds for these grants, the Legislature authorized local governments to appropriate up to two mills in tax revenues to be used as match. As federal staffing grants were phased out, the Mississippi State Legislature began to support the community mental health centers with state appropriations for essential mental health and mental retardation services. Since 1986, a significant increase in state appropriated funds for community mental health center services has occurred; however, the need exists for increased appropriations through the Legislature and local governments for centers to continue providing existing services and to expand services.

The Department of Mental Health is prohibited from funding services at any regional community mental health center that does not receive a specified minimum level of support from each county in the region. That minimum level of support is the greater of (1) the proceeds of a ¾ mill tax in 1982, or (2) the actual contribution made in 1984. All counties were in compliance with this provision for 2004; however, the total received from all counties is approximately six percent of total community mental health center receipts.

Each regional community mental health center is a separate legal entity that conforms to federal and state program standards relating to administration, services provided, and staffing. The 1997 Legislature clarified the MDMH's authority to set and enforce minimum standards for community mental health center services and to increase uniformity in the availability and quality of services across mental health center regions. The regional community mental health-mental retardation centers form the core of an integrated system which, if properly funded and utilized, would be capable of delivering needed mental health services to all citizens of Mississippi.

Social Services Block Grant

The Department of Human Services administers the Social Services Block Grant (SSBG) monies which come into the state. For the past several years, a portion of the SSBG has been directly allocated to and administered by the MDMH. The MDMH uses these funds for such programs as alcohol/drug residential treatment programs, mental health halfway house programs, residential treatment for chemically dependent adolescents, therapeutic foster care for children with emotional or mental disorders, work activity, child care for children with mental retardation/developmental disabilities, and case management. The MDMH contracts with regional community mental health centers and other public and private nonprofit providers for these programs.

Mental Health Problems in Mississippi

Mental Illness

The complexity of mental illness hinders professionals from determining an accurate diagnosis and classification of mental and emotional disorders. This complexity also causes problems in ascertaining the actual number of people who suffer from mental illness and associated problems. In addition, no reliable comprehensive database exists to document the prevalence of mental health problems across age groups.

The National Co-morbidity Survey estimates that 52 million people aged 15 to 54 had some type of alcohol, drug abuse, or mental health disorder within the past year. Of these, an estimated 40 million had some type of mental disorder. An estimated eight million people, or 4.5 percent, had both a mental disorder and substance abuse/dependence with the past year. (SAMHSA, U.S. Department of Health and Human Services, 1995).

The prevalence of mental illness – although difficult to assess– serves as a good indicator of the volume of need for mental health services in a given population. The negative social stigma associated with the term "mental illness" also obstructs efforts to measure the true incidence/ prevalence of most types of mental illness and behavior disorders and the need for mental health services.

By using the methodology updated by the federal Center for Mental Health Services (CMHS) for estimated prevalence of serious mental illness among adults (*Federal Register,* June 24, 1999), the MDMH estimates the prevalence of serious mental illness among adults in Mississippi as 5.4 percent or 114,481 individuals. The same methodology estimates the national prevalence for the same age group also as 5.4 percent.

In Fiscal Year 2004, a total of 59,769 adults received services through the public community mental health system, including the regional community mental health centers, and the community service divisions of the state psychiatric hospitals. A total of 50,909 of these adults had a mental illness, of which 46,571 had a serious mental illness (includes adults with a dual diagnosis of mental illness and substance abuse).

Mental Health Needs of Children/Adolescents

Precise data concerning the size of the country's population of children and adolescents with emotional or mental disorders remain difficult to obtain. The methodology issued by the (national) Center of Mental Health Services (*Federal Register*, July 17,1998) estimates the prevalence of serious emotional disturbance nationally among children and adolescents (9-17 years of age) to be between 9-13 percent. The methodology adjusts for socio-economic differences across states. Given Mississippi's relatively high poverty rate when compared to other states, the estimated prevalence ranges for the state, updated for 2003, were on the highest end of the range, as follows:

(1) Within the broad group of children with serious emotional disturbances (9-13 percent), Mississippi's estimated prevalence range for children and adolescents, ages 9-17 years, is 11-13 percent or from 42,838 – 50,627.

(2) Within the more severely impaired group of these children (5-9 percent), Mississippi's estimated prevalence range for children and adolescents, aged 9-17 years, is 7-9 percent or from 27,260 - 35,049. The MSDMH estimates that the prevalence of serious emotional disturbance among youth in the transition age group of 18 up to 21 years is 12,435.

Note: *As pointed out in the methodology, there are limitations to these estimated prevalence ranges, including the "modest" size of the studies from which these estimates were derived; variation in the population, instruments, methodology, and diagnostic systems across the studies; inadequate data on which to base estimates of prevalence for children under nine; and inadequate data from which to determine potential differences related to race or ethnicity or whether or not the youth lived in urban or rural areas.*

In Fiscal Year 2004, the public community mental health system served 26,740 children and adolescents with serious emotional disturbance. Additionally, 546 youth were served by providers certified, but not funded by, the MDMH (for therapeutic foster care, therapeutic group homes, day-treatment, intensive in-home, or adolescent offender programs certified by MDMH).

Alcohol and Drug Abuse

The abuse of alcohol and other drugs has reached pandemic proportions. Alcohol and other drug problems cause pervasive effects: biological, psychological, and social consequences for the abuser; psychological and social effects on family members and others; increased risk of injury and death to self, family members, and others (especially by accidents, fires, or violence); and derivative social and economic consequences for society at large.

Using federal resources made available by the Center for Substance Abuse Treatment, the Division of Alcohol and Drug Abuse directed multi-faceted studies – entitled "State Demand and Needs Assessment Studies, Alcohol and Other Drugs"– that provided information needed to determine the current substance use/dependence prevalence within the general and/or special subgroups of the population of the state. The results of the Adult Household Study and the In-School Adolescents Survey are reviewed below.

The *Adult Population Household Study*, conducted by the Gallup Organization during 1996-1997, provided information on substance dependence and abuse prevalence and the extent of unmet need for alcohol and drug treatment services for Mississippi adults.

The Mississippi Adult Population Household survey used the diagnosis criteria of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, 3rd Revised Edition (DSM III-R)*, to determine whether a person should be diagnosed as dependent on or abusing a particular substance. Analysis of data allowed the following lifetime diagnosis estimates for dependence and abuse among adult Mississippians:

- 4.3 percent (83,469) were dependent on alcohol, and another 2.4 percent (46,148) were alcohol abusers.
- 0.3 percent (5,323) were dependent on marijuana. Less than 0.1 percent (1,141 persons) were diagnosed as marijuana abusers.
- 0.2 percent (3,979) were dependent on cocaine, while none were diagnosed as abusing cocaine.
- Slightly less than 0.1 percent (1,393) adults were diagnosed as dependent on methamphetamine or other amphetamines.
- Slightly less than 0.1 percent (1,312) were diagnosed as being dependent on hallucinogens.
- No one was diagnosed as being dependent on or an abuser of heroin.
- Adults under 45 years of age were more likely than those older to be dependent on or abusing drugs and alcohol.

The Adult Population Household Survey included adults living in households with telephones. Using diagnoses for dependence and abuse of substances from this survey, the study

determined that approximately 120,616 adult Mississippians (6.2 percent) need treatment for alcohol; 2,229 persons (0.1 percent) need treatment for drugs; and 9,800 (0.5 percent) need treatment for both drugs and alcohol. Results of the Integrated Analysis Study, published in FY 1999, indicated that 145,622 adult Mississippians were in need of substance abuse treatment in 1997, representing 7.45 percent of the total population. This conservative estimate includes adults without telephones, incarcerated persons in group quarters receiving psychiatric care, and homeless persons.

The Bureau of Education Research and Evaluation at Mississippi State University conducted the *Mississippi In-School Adolescents Survey* during the 1996-97 academic year to assess the prevalence and frequency of drug use, attitudes toward drugs and their usage, involvement in drug-related education and treatment efforts, and other characteristics pertaining to substance usage among school age youth, grades 6-12. Students within randomly selected classrooms participated in written surveys.

The study indicated that the past month prevalence of drug use among United States students, across eight types of drugs studied – except for cocaine and crack – is generally lower than the monthly prevalence reported by Mississippi students. For example, the past month prevalence of alcohol use by 12th graders in Mississippi was 64 percent, compared to 50.8 percent nationwide, and marijuana use by 12th graders in Mississippi was 23.5 percent, compared to 18.5 percent nationwide.

The lifetime prevalence reported by students across the United States regarding drug use is higher than the lifetime prevalence rates reported by students in Mississippi; however, for alcohol, Mississippi students reported higher lifetime prevalence rates (12th grade-83.7 percent) than national samples of students (12th grade-79.2 percent). One interesting characteristic of these data shows that steroid, cocaine, crack, and hallucinogen lifetime prevalence is greater among younger students, while monthly prevalence is more prominent among older students. This study suggests that younger students may be trying more drugs than before, thereby leading to a more dramatic increase of drug use in the future.

Additional results of this study indicate the following estimates for students in grades 6-12 during the past month:

- 23.8 percent had used cigarettes;
- 9.1 percent had used smokeless tobacco;
- 32.1 percent had used beer; 33.4 percent had used wine coolers; 25.7 percent had used wine; and 24.4 percent had used liquor; and
- 12.7 percent had used marijuana; 2.3 percent had used hallucinogens; 3.8 percent had used uppers; 1.0 percent had used cocaine; and 0.6 percent had used crack.

Developmental Disabilities

In general, the term "developmental disability" means a severe, chronic disability of an individual that:

(1) Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
(2) Is manifested before the person attains age 22;
(3) Is likely to continue indefinitely;
(4) Results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

(5) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Infants And Young Children: An individual from birth to age nine, inclusive, who has a substantial developmental delay of specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in (1) through (5) above, if the individual, without services and support, has a high probability of meeting those criteria later in life.

The nationally-accepted prevalence rate for persons with developmental disabilities in the state is estimated at 1.8 percent of the general population. Applying the 1.8 percent prevalence rate to Mississippi's 2010 population projections results in a total of 56,127 individuals who may have a developmental disability.

Based on the 2010 projected population, service need is estimated by age ranges as follows:

Table IX-1
Service Need by Age Range
2005

Ages	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
% of Pop.	6.7	17.8	10.9	13.3	12.3	13.4	11.1	7.0	3.7	5.1

Mental Health Services Delivery System

The mental health delivery system in Mississippi includes a wide range of services and settings. Supportive services are impossible to list because these would include any individual or organization providing relief for an emotional problem that impairs the ability of an individual to function normally. Direct services are those whose primary mission involves the detection and treatment of mental illness, substance abuse, and mental retardation/developmental disabilities.

Although quasi-public and private agencies provide an assortment of programs, state government provides or finances the majority of mental health services. This is especially true of residential treatment services. As mentioned previously, Mississippi has four state-operated hospitals for individuals with mental illness: Mississippi State Hospital (MSH) at Whitfield; East Mississippi State Hospital (EMSH) at Meridian; North Mississippi State Hospital (NMSH), an acute psychiatric hospital for adults in Tupelo; and South Mississippi State Hospital (SMSH), an acute psychiatric hospital for adults in Purvis.

Mississippi State Hospital reported a total of 2,061 licensed beds for FY 2004. This total includes two separately-licensed facilities operated by MSH: Oak Circle Center, a 60-bed child-adolescent psychiatric hospital, and Whitfield Medical/Surgical Hospital, a 32-bed acute care hospital. MSH also had 479 licensed skilled nursing facility (nursing home) beds at the main hospital. East Mississippi State Hospital reported 635 licensed beds for FY 2004, including 228 licensed nursing home beds.

Adult Psychiatric Services

Mississippi's four state-operated hospitals provide the majority of inpatient psychiatric care. MSH reported a total of 1,437 adult psychiatric licensed beds; EMSH reported 332, and both NMSH and SMSH reported 50 each of acute psychiatric beds for adults. The four facilities reported 2,945 admissions to adult psychiatric services in FY 2004— 1,357 to MSH, 497 to EMSH, 418 to NMSH (162 were also admitted to crisis programs), and 511 to SMSH.

In addition to the facilities listed above, Mississippi has 12 hospital-based and two freestanding adult psychiatric facilities, with a capacity of 504 licensed beds for adult psychiatric patients, distributed throughout the state. The criteria and standards section of this chapter provides a full description of the services that private facilities must provide. Map IX-1 shows the location of inpatient facilities in Mississippi serving adult acute psychiatric patients, and Table IX-2 shows utilization statistics.

Even though many of the private facilities have low occupancy rates, the state institutions provide the majority of inpatient care for the medically indigent. Medically indigent patients have difficulty gaining access to private psychiatric facilities in their respective communities.

This problem seeks a complex answer. Some suggest that the Legislature appropriate additional funds from which the Department of Mental Health could purchase services from the private sector. Others believe that the state should require private facilities to set aside a percentage of beds exclusively for the treatment of indigent patients. Certifying freestanding facilities for Medicaid reimbursement would also increase access. While all of these steps might be useful, it is extremely difficult to ensure that all Mississippians have ready access to psychiatric services.

To help address the problem, the 1999 State Legislature provided funding through Senate Bill 319 for construction of seven state crisis intervention centers to be operated as satellites to existing facilities operated by the Department of Mental Health and the Bureau of Mental Health. All of the centers, constructed or planned, are of similar design and function and include 16 beds and one isolation bed. The role of these centers in the regional system is to provide stabilization and treatment services to persons who are in psychiatric crisis who have been committed to a psychiatric hospital and for whom a bed is not available. It is believed that many of these individuals with mental illness can be treated in the center and returned to the community without an inpatient admission to the state psychiatric hospital. The more quickly a person receives treatment, the less likely his or her condition will worsen. Therefore, successful treatment can be accomplished in less time even if the person still needs to be admitted to the hospital. Other individuals will not need to be hospitalized at all. The centers are, or will be, located near, or have easy access to, a medical facility that will accommodate medical emergencies. In addition, plans include establishment of a cooperative relationship with a medical emergency facility so that medical clearance can be obtained for persons who have symptoms that may be indicative of both psychiatric and other medical conditions.

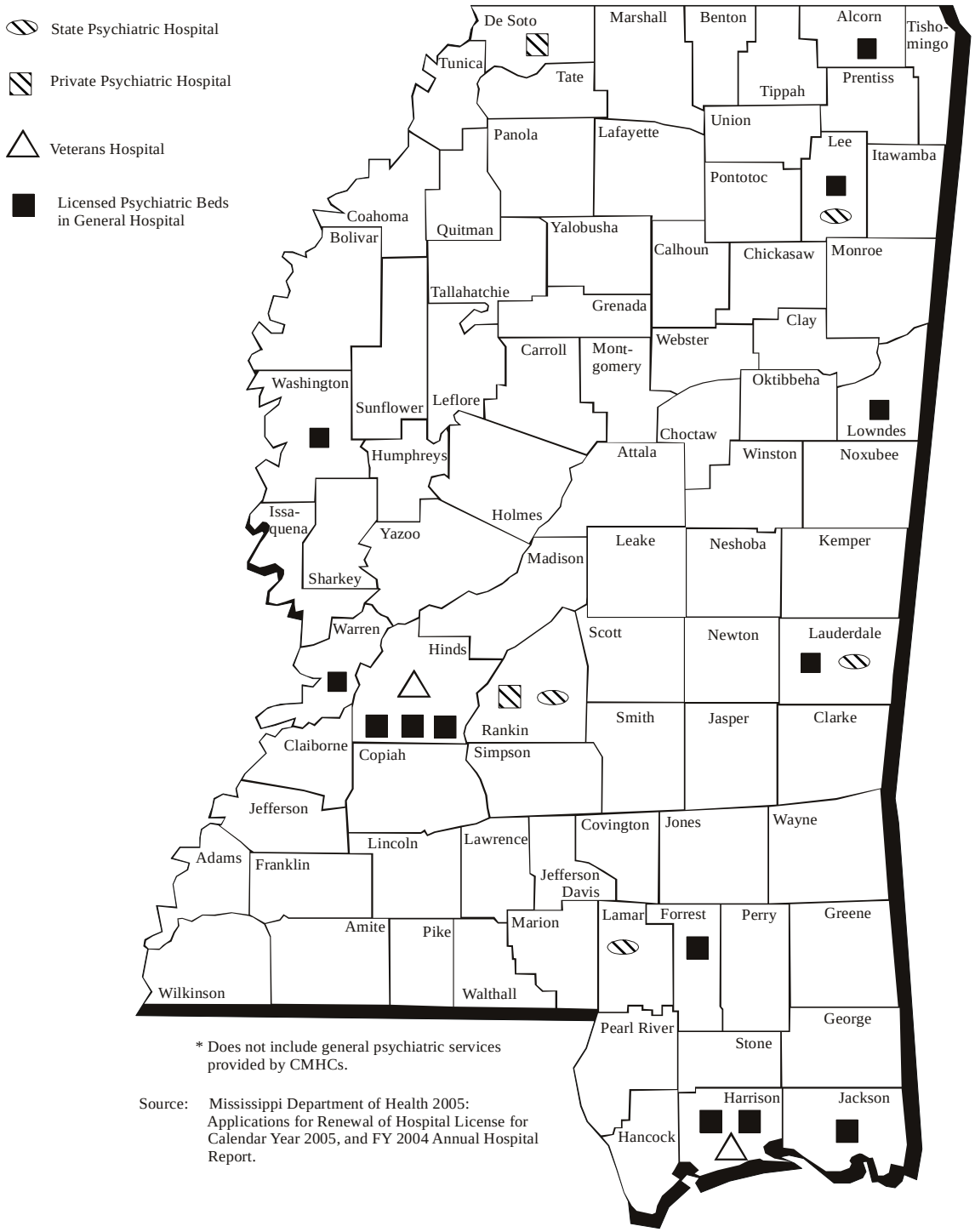
The seven community-based crisis centers were planned for Corinth, Newton, Grenada, Laurel, Cleveland, Batesville, and Brookhaven. The 2004 State Legislature appropriated funds to open the center in Corinth at full capacity in FY 2005. (The Corinth Center had operated at partial capacity for most of 2003 and 2004 because of funding constraints.) Funds were also appropriated in 2004 to open the five remaining centers that are constructed (Newton, Grenada, Laurel, Cleveland, and Batesville) at partial capacity in 2005.

Development of the Central Mississippi Residential Center (CMRC) began in 1997 after the State of Mississippi purchased the property that was formerly the Clarke College in Newton, which had been operated by the Mississippi Baptist Convention. The property was renovated to enable the Mississippi Department of Mental Health to provide a specialized treatment program for adults with

long-term, serious mental illness, including persons discharged or transferred from the state psychiatric hospitals. The program is based on a bio-psychosocial rehabilitation model and when fully operational will include a total of 168 beds (144 in personal care homes located on the campus and 24 in supervised apartments). In the fall of 2003, 48 personal care home beds for persons with mental illness were opened on campus. CMRC provided a range of services, such as medical care, educational, vocational and recreational services, individual and group therapy, and administrative and physical facility support services. CMRC continues to operate community day programs for adults with Alzheimer's disease/other dementia near the campus. CMRC also operates one of the state crisis intervention centers (at partial capacity) in Newton, described previously.

Map IX - 1

Operational and Proposed Inpatient Facilities Serving Adult Acute Psychiatric Patients*



* Does not include general psychiatric services provided by CMHCs.

Source: Mississippi Department of Health 2005: Applications for Renewal of Hospital License for Calendar Year 2005, and FY 2004 Annual Hospital Report.

Table IX-2
Acute Psychiatric Bed Utilization
FY 2004

Facility	County	Licensed/CON Approved* Beds	Inpatient Days	Occupancy Rate(%)**	Discharges	ALOS
Alliance Health Center	Lauderdale	24	9,715	110.60	1,014	9.54
(Adolescent)	Lauderdale	22	12,605	156.54	454	26.66
Baptist Memorial Hospital - Golden Triangle	Lowndes	22	2,682	33.31	373	6.35
Brentwood Behavioral Health Care	Rankin	48	7,034	40.04	701	9.79
(Adolescent)	Rankin	59 / 21 *	14,951	69.24	1,051	14.43
Central Miss Medical Center	Hinds	29	7,216	67.99	958	7.63
Children's Hospital - Vicksburg	Warren					
(Adolescent)	Warren	20 *				
Diamond Grove Center	Winston					
(Adolescent)	Winston	20	4,994	68.22	448	11.19
Forrest General Hospital	Forrest	40	10,781	73.64	1,846	5.86
(Adolescent)	Forrest	16	6,235	106.47	907	6.89
Gulf Coast Medical Center	Harrison	34	6,571	52.80	1,043	6.28
(Adolescent)	Harrison	11	1,552	38.55	186	8.02
Magnolia Regional Health Center	Alcorn	19	5,164	74.26	482	10.99
Memorial Hospital at Gulfport	Harrison	59	9,731	45.06	1,289	7.50
(Adolescent)	Harrison	30	3,160	28.78	382	8.53
North Miss Medical Center	Lee	33	11,446	94.77	1,279	8.93
(Adolescent)	Lee	15 *				

Table IX-2 (continued)
Acute Psychiatric Bed Utilization
FY 2004

Facility	County	Licensed/CON Approved* Beds	Inpatient Days	Occupancy Rate(%)**	Discharges	ALOS
Parkwood Behavioral Health System	DeSoto	22	6,763	83.99	745	8.72
(Adolescent)	DeSoto	36	11,814	89.66	1,076	10.51
River Region Health System	Warren	40	6,964	47.57	883	9.33
Singing River Hospital	Jackson	30	4,524	41.20	616	7.88
St. Dominic Hospital	Hinds	83	18,149	59.74	1,888	9.67
University Hospital & Clinics	Hinds	21	6,759	87.94	880	7.68
(Adolescent)	Hinds	12	1,869	42.55	238	7.85
Total Adult		**504**	**113,499**	**61.53**	**13,997**	**8.18**
Total Adolescent		**206 / 56 ***	**57,180**	**75.84**	**4,742**	**11.91**

*CON approved
**Occupancy rate calculated using number of licensed beds
Note: Unless otherwise noted, the above psychiatric beds are designated for adults

Sources: Applications for Renewal of Hospital License for Calendar Year 2005 and FY 2004 Annual Hospital Report; and Division of Health Planning and Resource Development Computations

Child/Adolescent Psychiatric Services

Although Mississippi has made progress in addressing the need for specialized services for children and adolescents, significant problems remain. Three freestanding facilities and five hospital-based facilities, with a total of 206 licensed beds, provide acute psychiatric inpatient services for children and adolescents. Two other hospitals and one freestanding facility have received Certificate of Need approval for these services; these facilities will provide an additional 56 beds. Map IX-2 shows the location of inpatient facilities that serve adolescent acute psychiatric patients, and Table IX-2 gives utilization statistics. The criteria and standards section of this chapter provides a further description of the programs that inpatient facilities offering child/adolescent psychiatric services must provide.

The Department of Mental Health operates a separately-licensed 60-bed facility (Oak Circle Center) at Mississippi State Hospital to provide short-term inpatient psychiatric treatment for children and adolescents between the ages of four and 17 years 11 months. East Mississippi State Hospital operates a 50-bed psychiatric and chemical dependency treatment unit for adolescent males. Preplanning is complete for a 75-bed, long-term psychiatric residential treatment center for adolescents to be operated by EMSH; however, construction funds have not been approved.

The DMH operates a specialized 48-bed treatment facility for youth with mental retardation who are involved with the criminal justice system in Brookhaven. A similar facility operates in Harrison County for youth who have come before Youth Court and have also been diagnosed with a mental disorder. Adolescents appropriate for admission are 13 years, but less than 21 years of age who present with an Axis I diagnosis of a severe emotional disturbance and need psychiatric residential care.

The Mississippi Legislature authorized the State Department of Health to establish Certificate of Need criteria and standards for psychiatric residential treatment facilities (PRTF). These facilities serve emotionally disturbed children and adolescents who are not in an acute phase of illness that requires the services of a psychiatric hospital, but who need restorative residential treatment services. "Emotionally disturbed" in this context means a condition exhibiting certain characteristics over a long period of time and to a marked degree. The criteria and standards section of this chapter describes these facilities more fully. A total of 388 PRTF beds are now authorized: six facilities are in operation, with a total of 268 beds, an additional 120 beds have received CON approval. Map IX-3 presents the location of existing and CON-approved private psychiatric residential treatment facilities. Children and adolescents who need psychiatric residential treatment beyond the scope of these residential treatment centers are served in acute psychiatric facilities or sent out of the state to other residential treatment facilities.

In FY 2004, MDMH continued to make funds available to support services provided through 15 therapeutic group homes (and also, the ARK, which serves youth with dual disorders), including three transitional therapeutic homes that received DMH support from mental health services for youth. These homes served a total of 308 children and youth during the year. An additional 133 youths were served through therapeutic group homes certified, but not funded, by MDMH. Additionally, the MDMH continued to fund Catholic Charities, Inc. to help support 22 therapeutic foster care homes which provided therapeutic foster care services for 26 youths. Senior Services, Stepping Stones, United Methodist Ministries, Mississippi Children's Home Society, and Youth Village, non-profit private providers certified but not funded by MDMH, provided therapeutic foster care services to 130 youth in FY 2004.

A Division of Children and Youth Services staff member provides technical assistance and support to the homes, including documentation of site visits, record monitoring, and technical

assistance activities. The MDMH provided funding for five specialized outpatient intensive crisis intervention projects that affected primarily single-county areas; these projects served 288 youths with severe emotional disturbances (not including other support activities). The MDMH also continued to provide funding to four model comprehensive intensive crisis intervention programs for youth with serious emotional disturbance or behavioral disorders who are in crisis or who are identified as at risk for residential placement (operated by Catholic Charities, Inc. in the Jackson Metro area, by Community Counseling Services in the Region VII [east-central area of the state]; by Pine Belt Mental Health Care Services in Region XII [southeastern area of the state]; and Region VIII Community Mental Health Center. Funding was reallocated in FY 2005 to develop a fifth program in the northeast part of the state to be operated by Region 4 Timber Hills Mental Health Services.)

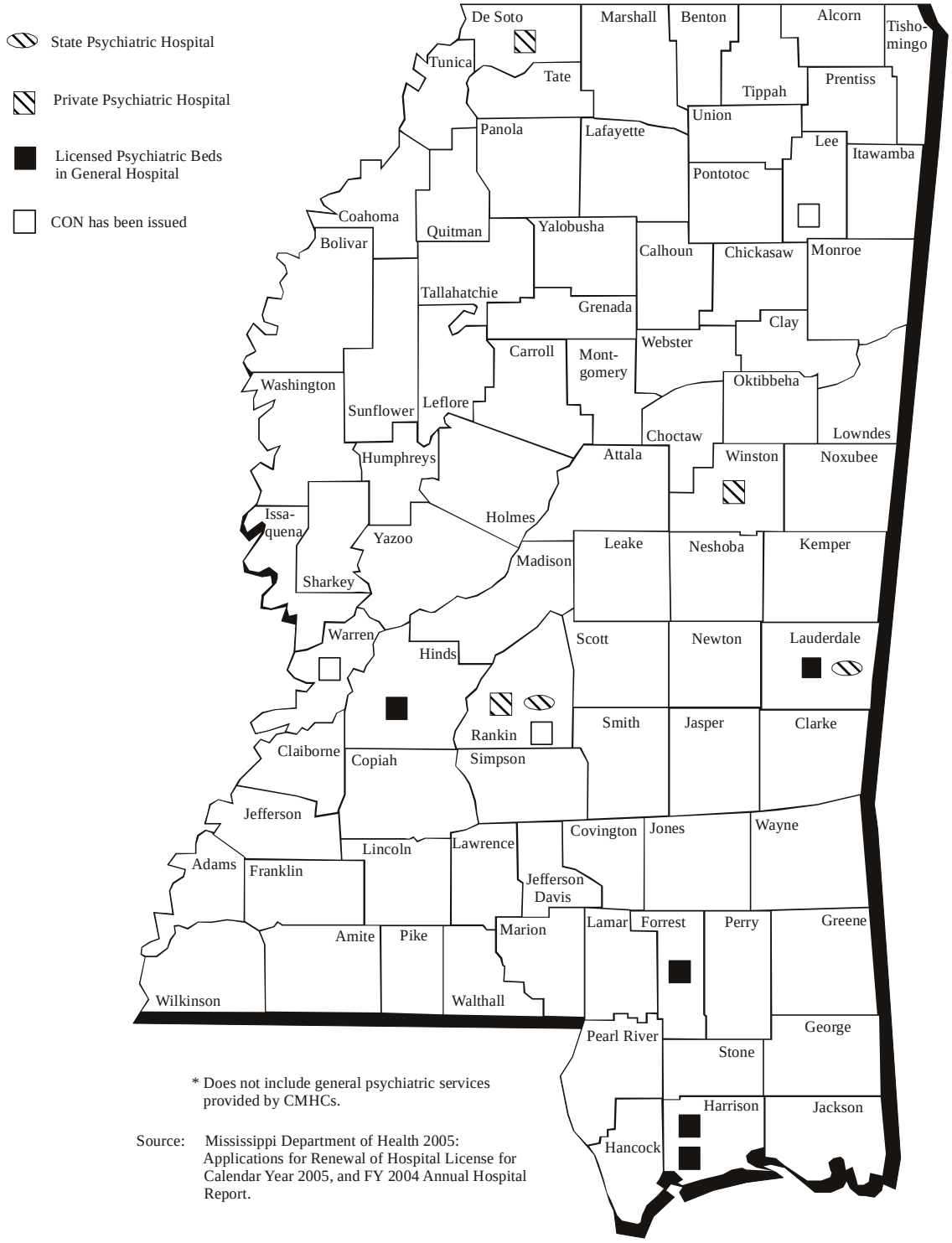
While inpatient services are sometimes necessary, every child/adolescent in the state should have access to appropriate community-based mental health services. This concept would provide an array of regional mental health services, allowing children/adolescents with emotional distress to be given the most appropriate and least restrictive service in or near the home community. Based on availability of adequate funding, regional community mental health centers could provide this array of community-based services.

The development of community-based programs provides many advantages. Such programs are generally less expensive, more family oriented, and frequently more effective than centralized institutional programs. Mississippi's Community Mental Health Plan describes an ideal comprehensive community mental health system for children, which would include the following major components:

- Prevention
- Diagnosis and evaluation/early intervention
- Case management
- Crisis intervention
- Outpatient services
- Day treatment/psychosocial rehabilitation
- Respite services
- Family education/support
- Community-based residential services
- Community residential treatment for alcohol/drug problems
- Protection and advocacy
- Inpatient services
- Therapeutic support services, including staff training and human resource development
- Other support services

Map IX - 2

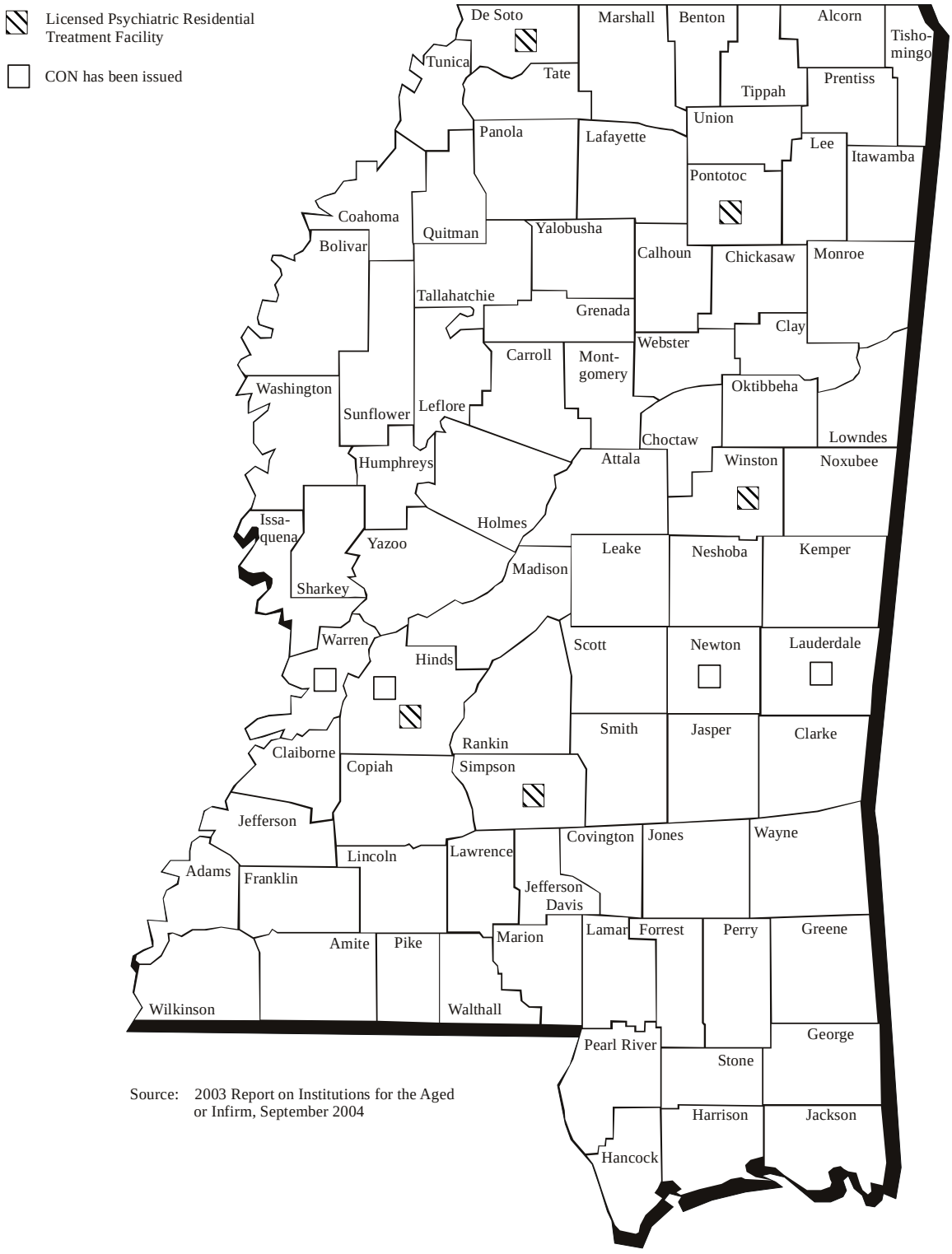
Operational and Proposed Inpatient Facilities Serving Adolescent Acute Psychiatric Patients*



* Does not include general psychiatric services provided by CMHCs.

Source: Mississippi Department of Health 2005: Applications for Renewal of Hospital License for Calendar Year 2005, and FY 2004 Annual Hospital Report.

Map IX - 3
Private Psychiatric Residential Treatment Facilities



Source: 2003 Report on Institutions for the Aged or Infirm, September 2004

Alcohol and Drug Abuse Services

Maps IX-4 and IX-5 show the locations of alcohol and drug abuse programs throughout the state. Each of the 15 regional community mental health-mental retardation centers provide a variety of alcohol and drug services, including residential and transitional treatment programs. A total of 36 such residential programs for adults and adolescents are scattered throughout the state. These specialized programs provide alcohol and drug treatment services in a controlled environment with emphasis on group living. Community Residential Treatment Services typically include individual, group, and family counseling; a working relationship with vocational rehabilitation services; and referral to other appropriate community programs and agencies. These programs also provide after-care services to assist individuals in transition from treatment.

State alcohol funds are generated from a three percent markup on sales of distilled spirits and wine. These funds are specifically earmarked for the support of 19 regional residential treatment programs; 17 transitional treatment programs, aftercare, and detoxification programs; vocational rehabilitation services to alcoholics; the inpatient alcohol unit at State Hospital; and the alcohol program at State Penitentiary at Parchman. Under state law, the three percent monies must be spent for treatment services only, and funds cannot be used for prevention programs.

Thirteen general hospitals and one freestanding facility in Mississippi offer alcohol and drug abuse treatment programs or have CON approval to provide such programs. Additionally, the state hospitals at Whitfield and Meridian and the Veterans Administration Hospitals in Jackson and Gulfport provide inpatient services including detoxification, assessment and evaluation, counseling, aftercare, and referral.

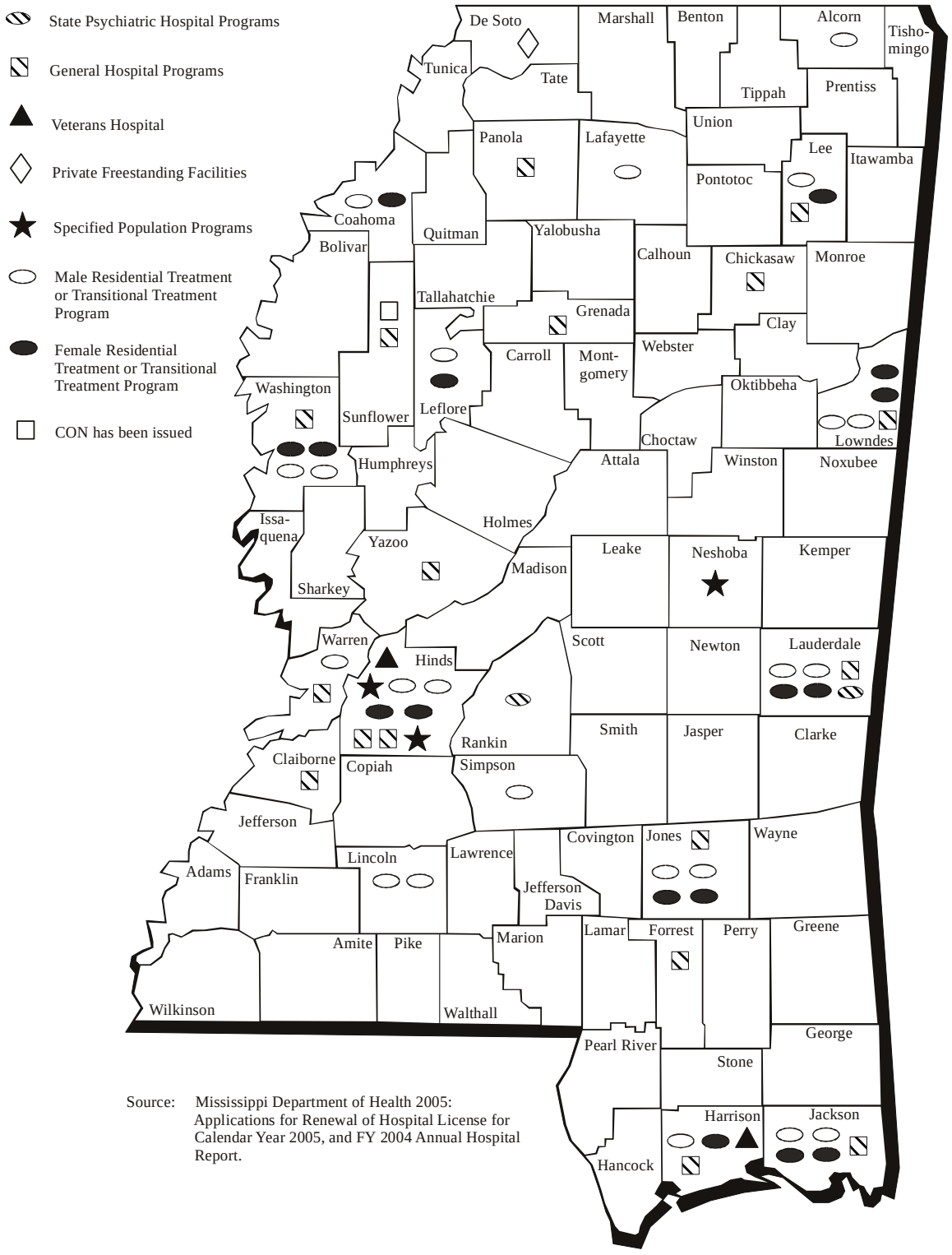
Four programs are designed to treat targeted populations: (1) the State Penitentiary at Parchman provides counseling and rehabilitation services to inmates during incarceration and follow-up after their release; (2) the Center for Independent Learning in Jackson, a transitional/residential facility, helps female offenders with a history of alcohol/drug abuse transition from incarceration back into society; (3) the Mississippi Band of Choctaw Indians offers a treatment program on the Neshoba County reservation that includes counseling and referral to other appropriate agencies; and (4) the Alcohol Services Center in Jackson serves low-income groups with crisis intervention, counseling, and referral. All these programs also offer many of the services provided by regular treatment resources.

In FY 2004, alcohol treatment programs were utilized as follows: (a) 14,633 individuals served in outpatient services, (b) 1,229 served in intensive outpatient programs, (c) 7,084 individuals served in primary residential treatment programs; (d) 881 individuals served in transitional treatment programs; (e) 1,299 adults served in the inpatient chemical dependence facilities in the state hospitals; (f) 1,239 inmates admitted to the alcohol and drug program at the state penitentiary at Parchman; (g) 103 individuals served through a nonprofit program receiving MDMH funding, which provided day treatment services for women at the Rankin County Correctional Facility; and (h) approximately 5,606 admissions to private sector inpatient programs (based on discharges). **Note**: These statistics may not represent an unduplicated count.

The MDMH contracted with the Department of Rehabilitation Services (DRS) for vocational rehabilitation services to people in local substance abuse transitional residential treatment programs. In FY 2004, the DRS Office of Vocational Rehabilitation served 2,257 persons through this program. The MDMH continued funding for three community-based residential treatment programs for adolescents (capacity 56 beds), which served 138 adolescents with substance abuse or dual disorders of substance abuse problems and emotional disturbances.

Map IX - 4

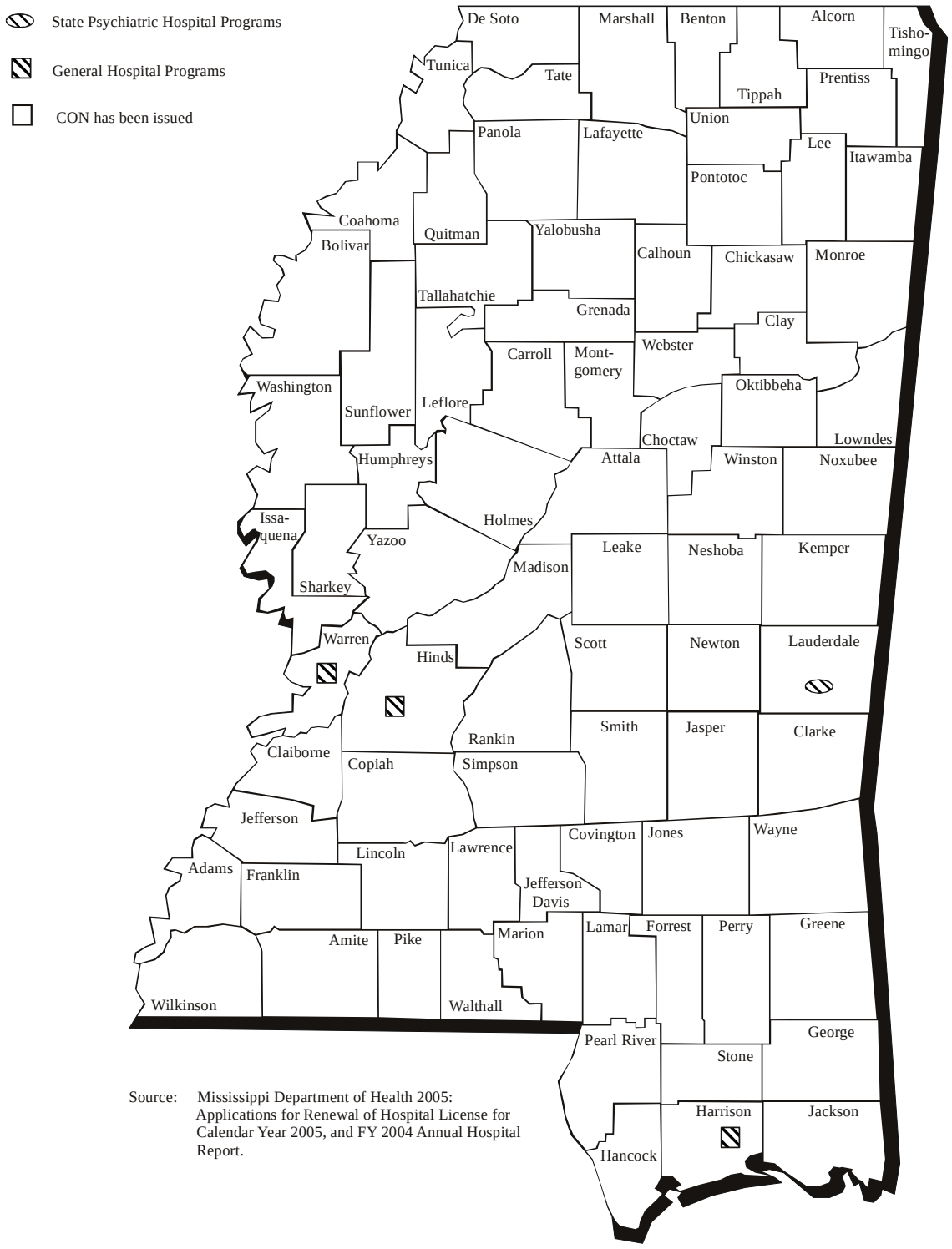
Operational and Proposed Adult Chemical Dependency Programs and Facilities



Source: Mississippi Department of Health 2005: Applications for Renewal of Hospital License for Calendar Year 2005, and FY 2004 Annual Hospital Report.

Map IX - 5

Operational and Proposed Adolescent Chemical Dependency Programs and Facilities



Source: Mississippi Department of Health 2005: Applications for Renewal of Hospital License for Calendar Year 2005, and FY 2004 Annual Hospital Report.

Table IX-3
Chemical Dependency Bed Utilization
FY 2004

Facility	County	Licensed/CON Approved* Beds	Inpatient Days	Occupancy Rate(%)**	Discharges	ALOS
Alliance Health Center	Lauderdale	8	1,859	63.49	360	5.33
Baptist Memorial Hospital - Golden Triangle	Lowndes	21	559	7.27	101	5.01
Bolivar Medical Center[1]	Bolivar	8	1,587	54.20	261	6.16
Claiborne County Hospital	Claiborne	6	718	32.70	131	5.65
Delta Regional Medical Center	Washington	7	420	16.39	200	2.20
Forrest General Hospital	Forrest	32	6,868	58.64	1,275	5.40
Memorial Hospital at Gulfport	Harrison					
(Adolescent)	Harrison	20	1,273	17.39	179	8.82
Miss Baptist Medical Center	Hinds	78	1,497	5.24	196	8.55
(Adolescent)	Hinds	10	68	1.86	6	11.33
North Miss Medical Center	Lee	33	3,114	25.78	781	3.94
Parkwood Behavioral Health System	DeSoto	14	1,185	23.13	237	3.50
River Region Health System	Warren	28	5,318	51.89	558	9.43
(Adolescent)	Warren	12	2,081	47.38	160	12.87
South Central Regional Medical Center	Jones	10	1,881	51.39	321	5.91
St. Dominic Hospital	Hinds	35	4,906	38.30	664	7.42
Tri-Lakes Medical Center	Panola	23	1,134	13.47	176	7.03
(Adolescent)	Panola	10 *				
Total Adult		**303**	**31,046**	**28.00**	**5,261**	**5.89**
Total Adolescent		**42 / 10 ***	**3,422**	**22.26**	**345**	**10.74**

[1]Eight Adult Chemical Dependency Beds Located at North Sunflower County Hospital
*CON approved
**Occupancy rate calculated using number of licensed beds
Note: Unless otherwise noted, the above psychiatric beds are designated for adults
Sources: Applications for Renewal of Hospital License for Calendar Year 2005 and FY 2004 Annual Hospital Report

Mental Retardation/Developmental Disabilities Services

Services available through the Department of Mental Health include an array of programs designed to meet the needs of individuals with mental retardation or developmental disabilities. Programs and activities for persons residing in their local communities include community living, system coordination and community education, early intervention, and employment. Five state Regional Centers at Long Beach, Ellisville, Sanatorium, Whitfield, and Oxford offer residential services, as well as direct and auxiliary support, for all services within the regions. The Regional Community Mental Health-Mental Retardation Commissions and a number of independent, non-profit, private service providers offer similar community programs.

The Mississippi Department of Mental Health serves as the designated state agency (DSA) to administer funds available through the federal Developmental Disabilities Program. The Mississippi Council on Developmental Disabilities (MCDD) strives to identify need, plan services and support, and advocate for new services to meet individual needs in various communities. More than 170 public and private agencies, organizations, or programs provide a myriad of services to persons with mental retardation and developmental disabilities; however, the Council recognizes the need for services and support to address what people with developmental disabilities and their families want and need. In May, 2005, the Council conducted a statewide needs assessment involving a representation from all service providers and advocacy groups. Results of this needs assessment/strategic planning will be the basis for the Council's five-year State Plan (2006-2011). Hopefully, other providers will be able to use the results as a basis for their service delivery. For information about the statewide needs assessment, refer to the website of the MS Counsel on Developmental Disabilities.

The MCDD funded services designed to promote community inclusion for people with developmental disability and their families. This funding may include one-time projects, special events, support for training activities, short-term demonstrations (not to exceed three years), product development activities, and special focus investments. MCDD investments must support at least one of the following Administration on Developmental Disabilities (ADD) Areas of Emphasis (Priority Areas): (a) quality assurance (which means that people have control, choice, and flexibility in the services/supports they receive); (b) employment (which refers to individuals getting and keeping employment consistent with their interest, abilities, and needs; (c) community living/housing (which involves adults choosing where and with whom they live); (d) health (referring to individuals being healthy and benefiting from the full range of services); (e) education/child development (resulting in students reaching their educational potential); (f) formal and informal community support (characterized by every individual being a valued, participating member of their community), (g) transportation (which refers to people being able to go and participate in community activities of their choice; and (h) recreation (which refers to people being able to participate in leisure activities of their choice). Regulations require that 65 percent of the federal Developmental Disabilities funds be invested in these Areas of Emphasis. In Mississippi; however, approximately 85 percent of DD funds are spent on programs and services.

The federal Centers for Medicare and Medicaid Services (CMS) approved a Home and Community-Based Services - MR/DD Waiver Program for Mississippi that began in July 1995 and is now approved until 2008. The program provides services to persons with mental retardation/developmental disabilities that would require the level of care found at an intermediate care facility for the mentally retarded if waiver services were not available. The waiver program is available statewide to persons of all ages, with approval contingent on funding to serve up to 2,400 people. Services available include attendant care, respite (in-home nursing or companion, community, or ICF/MR), day habilitation, residential habilitation (supported or supervised), pre-vocational services, supported employment, behavior support/intervention, specialized medical supplies (diapers, catheters, and pads), physical therapy, occupational therapy, speech/language/hearing therapy, and support coordination. Each of the five Department of Mental

Health Comprehensive Regional Centers employs support coordinators to help eligible individuals with disabilities and their families navigate the evaluation process and monitor the provision of waiver services.

Approximately 44,000 Mississippians may have developmental disabilities and/or mental retardation; the majority of these presently live outside the residential programs. Given the life expectancy of persons with developmental disabilities, combined with the deaths of family members providing primary care to those living at home, the state needs approximately 500 additional state-supported living alternatives. In conjunction with the continued establishment of community living programs, the Bureau of Mental Retardation believes that its employment and work opportunity programs must be continued and expanded. The Bureau is also committed to statewide expansion of early intervention programs for children with developmental disabilities and their families.

Community-Based Services

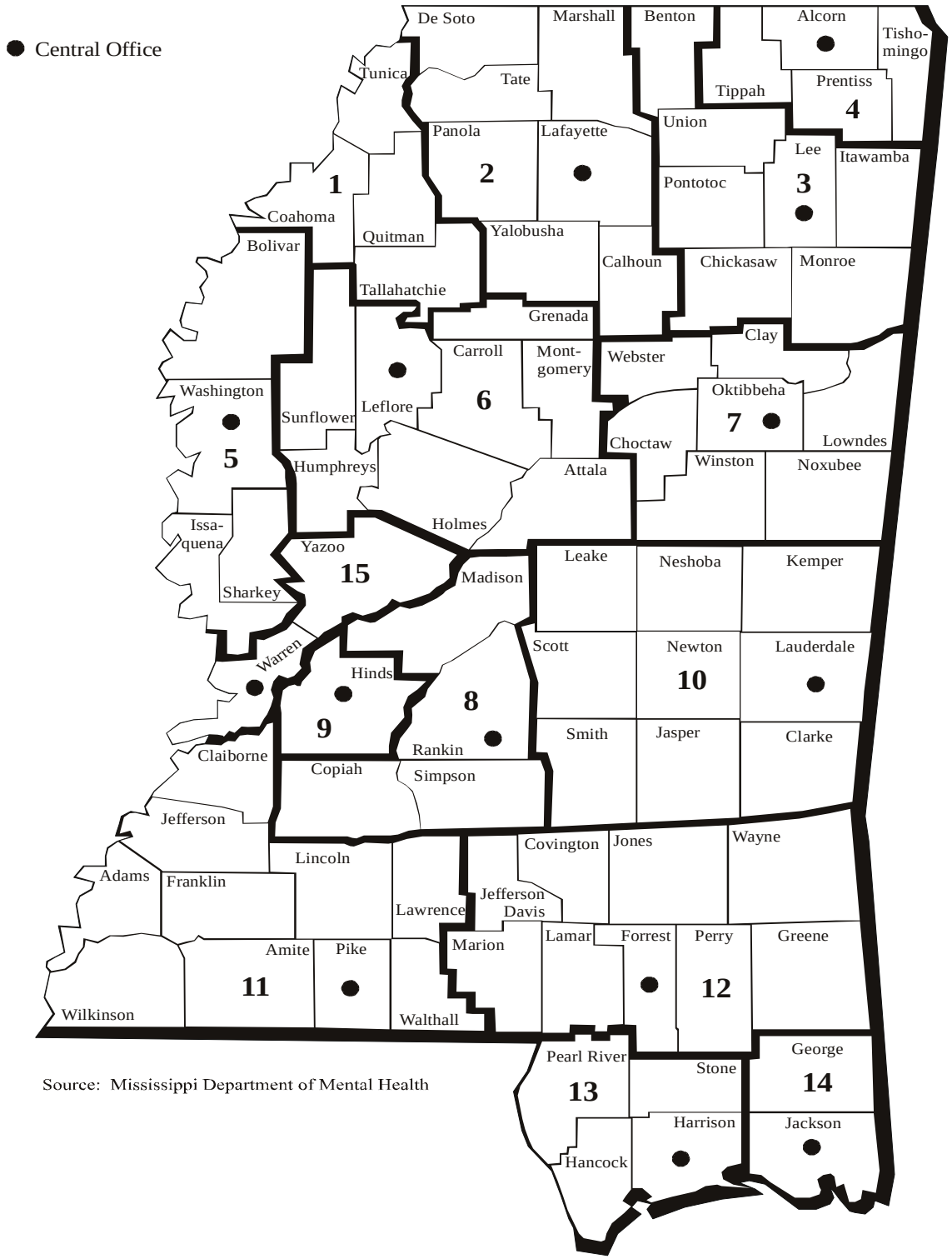
Fifteen regional community Mental Health-Mental Retardation Centers provide a wide range of mental health services at the local level. Map IX-6 presents the central office locations of these centers. Each center must meet federal and state program and performance standards. The major objectives of the regional community mental health centers include: (a) providing accessible services to all citizens with mental and emotional problems; (b) reducing the number of initial admissions to the state hospitals; and (c) preventing re-admissions through supportive aftercare services. These centers are a vital element in the plan to provide an integrated system of mental health services to all residents of Mississippi.

The regional community mental health centers are certified to provide emergency services and must have agreements with local providers for short-term inpatient care. The centers themselves do not maintain acute care beds but may make them available through an affiliation agreement with a local hospital which, within certain restrictions, can treat individuals in lieu of admission to the state hospitals. When discussing these beds, one must keep in mind that most of these beds are already listed in the existing inventory and should not be added to those already identified. The number of beds available on an affiliation basis varies from hospital to hospital. Most of these beds are not located in a specialized psychiatric unit, but are scattered throughout the hospital. Most of the hospitals providing beds through an affiliation agreement seldom have adequate or qualified staff and provide services only on an emergency basis. Usually a patient is hospitalized for one to four days and is referred to another hospital when further treatment becomes necessary.

Community mental health centers may provide back-up to hospital staff to ensure appropriate care. However, these agreements are limited in many instances. For example, in some regions the agreement is for general hospital beds on a priority basis, but the beds are in a general ward and no psychiatrist is on the hospital staff. In these cases a local private physician makes the admission, and the mental health center staff works with the physician on a consulting basis. In almost all instances of admission to local hospitals, there must be some method for the mentally ill consumer to pay for the hospitalization. Where there is a psychiatric unit, admissions are many times limited because the consumer has no source of payment. In summary, a system of limited adequacy exists to provide inpatient care for individuals who need this level of treatment in the community; inpatient care for mental illness is generally not available on demand.

Map IX - 6

Regional Community Mental Health/Mental Retardation Centers and Location of Central Office



Source: Mississippi Department of Mental Health

Certificate of Need
Criteria and Standards
for
Acute Psychiatric,
Chemical Dependency,
and
Psychiatric Residential
Treatment Facility Beds/Services

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health.

The Need for
Acute Psychiatric and Chemical Dependency Beds

While Mississippi relies heavily upon the facilities operated by the Mississippi Department of Mental Health (MDMH) for acute inpatient psychiatric and chemical dependency services, the private sector is developing an increasing number of such facilities. This *Plan* intends to encourage a rational establishment of appropriate acute psychiatric and chemical dependency facilities in areas of the state with inadequate inpatient services.

The two larger state psychiatric hospitals provided 817 active and staffed adult psychiatric beds, and 140 adult chemical dependency beds in FY 2004. The MDMH also operates a 50-bed regional acute adult psychiatric hospital in both Tupelo and Purvis.

Mississippi State Hospital operates a 60-bed acute psychiatric unit for children and adolescents. East Mississippi State Hospital provides a 50-bed psychiatric and chemical dependency treatment unit for adolescents and is preplanning a 75-bed, long-term psychiatric residential treatment center for adolescents.

A specialized 48-bed treatment facility for youths with mental retardation who are involved with the criminal justice system opened in Brookhaven in 1999. A similar facility became partially operational in September 2004 in Harrison County for youth who have come before the Youth Court and also have been diagnosed with a mental disorder. Adolescents appropriate for admission are 13 years, but less than 21 years of age who present with an Axis I diagnosis of a severe emotional disturbance and need psychiatric residential care.

In addition to the state operated beds, Mississippi has 504 licensed adult psychiatric beds, 206 adolescent psychiatric beds, 303 adult chemical dependency beds, and 52 adolescent chemical dependency beds. CONs for 56 adolescent psychiatric beds are outstanding. Tables IX-4, IX-5, and IX-6 at the end of this chapter present the statistical need for beds by type of service based on population projections for the year 2010.

Occupancy rates in private sector facilities remain below 80 percent, indicating that many individuals are not receiving psychiatric and/or chemical dependency services. The inability to pay is a major individual barrier for receiving mental health services, resulting in a vast unmet need for these services. Both physicians and facilities have contributed to the access problem.

The problems involved in serving the needs of indigent patients are numerous and complex, beyond this *Plan's* ability to delve into completely. Additional research is needed to make appropriate recommendations regarding the financing of mental health and expanding the roles of freestanding psychiatric and chemical dependency facilities. Officials should give special consideration to allowing Medicaid reimbursement to freestanding facilities and to requiring that all facilities be certified for and accept Medicaid and Medicare patients. (Since 1990 the Legislature has allowed Medicaid reimbursement for psychiatric inpatient services for children under 21 years of age in accredited freestanding facilities that were licensed or CON-approved prior to July 1, 1990.) As a part of the Certificate of Need process, the Department of Health requires documentation that a facility will provide a "reasonable amount" of services to indigent patients. This effort, along with the Department of Mental Health's efforts to provide more geographic distribution of services, will address many of the needs of indigent citizens.

Policy Statement Regarding Certificate of Need Applications for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

1. An applicant must provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.

2. Mental Health Planning Areas: The Department of Health shall use the state as a whole to determine the need for acute psychiatric beds/services, chemical dependency beds/ services, and psychiatric residential treatment beds/services. Tables IX-4, IX-5, and IX-6 give the statistical need for each category of beds.

3. Public Sector Beds: Due to the public sector status of the acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds operated directly by the Mississippi Department of Mental Health (MDMH), the number of licensed beds operated by the MDMH shall not be counted in the bed inventory used to determine statistical need for additional acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds.

4. Comments from Department of Mental Health: The Mississippi Department of Health shall solicit and take into consideration comments received from the Mississippi Department of Mental Health regarding any CON application for the establishment or expansion of inpatient acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds.

5. Separation of Adults and Children/Adolescents: Child and adolescent patients under 18 years of age must receive treatment in units which are programmatically and physically distinct from adult (18+ years of age) patient units. A single facility may house adults as well as adolescents and children if both physical design and staffing ratios provide for separation.

6. Separation of Males and Females: Facilities must separate males and females age 13 and over for living purposes (e.g., separate rooms and rooms located at separate ends of the halls, etc.).

7. Dually Diagnosed Patients: It is frequently impossible for a provider to totally predict or control short-term deviation in the number of patients with mixed psychiatric/addictive etiology to their illnesses. Therefore, the Department will allow deviations of up to 25 percent of the total licensed beds as "swing-beds" to accommodate patients having diagnoses of both psychiatric and substance abuse disorders. However, the provider must demonstrate to the Division of Licensure and Certification that the "swing-bed" program meets all applicable licensure and certification regulations for each service offered, i.e., acute psychiatric, chemical dependency, and psychiatric residential treatment facility services, before providing such "swing-bed" services.

8. Comprehensive Program of Treatment: Any new mental health beds approved must provide a comprehensive program of treatment that includes, but is not limited to, inpatient, outpatient, and follow-up services, and in the case of children and adolescents, includes an educational component. The facility may provide outpatient and appropriate follow-up services directly or through contractual arrangements with existing providers of these services.

9. Medicaid Participation: An applicant proposing to offer acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility services or to establish, expand and/or convert beds under any of the provisions set forth in this section or in the service specific criteria and standards shall affirm in the application that:

    a. the applicant shall seek Medicaid certification for the facility/program at such time as the facility/program becomes eligible for such certification; and

    b. the applicant shall serve a reasonable number of Medicaid patients when the facility/program becomes eligible for reimbursement under the Medicaid Program. The application shall affirm that the facility will provide the MDH with information regarding services to Medicaid patients.

10. Licensing and Certification: All acute psychiatric, chemical dependency treatment, dual diagnosis beds/services, and psychiatric residential treatment facility beds/services must meet all applicable licensing and certification regulations of the Division of Health Facilities Licensure and Certification. If licensure and certification regulations do not exist at the time the application is approved, the program shall comply with such regulations following their effective date.

11. Psychiatric Residential Treatment Facility: A psychiatric residential treatment facility (PRTF) is a non-hospital establishment with permanent licensed facilities that provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists, psychotherapists, and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district, or the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital and who are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

    a. an inability to learn which cannot be explained by intellectual, sensory, or health factors;

    b. an inability to build or maintain satisfactory relationships with peers and teachers;

    c. inappropriate types of behavior or feelings under normal circumstances;

    d. a general pervasive mood of unhappiness or depression; or

    e. a tendency to develop physical symptoms or fears associated with personal or school problems.

An establishment furnishing primarily domiciliary care is not within this definition.

12. Certified Educational Programs: Educational programs certified by the Department of Education shall be available for all school age patients. Also, sufficient areas suitable to meet the recreational needs of the patients are required.

13. Preference in CON Decisions: Applications proposing the conversion of existing acute care hospital beds to acute psychiatric and chemical dependency beds shall receive preference in

CON decisions provided the application meets all other criteria and standards under which it is reviewed.

14. Dedicated Beds for Children's Services: It has been determined that there is a need for specialized beds dedicated for the treatment of children less than 14 years of age. Therefore, of the beds determined to be needed for child/adolescent acute psychiatric services and psychiatric residential treatment facility services, 25 beds under each category for a total of 50 beds statewide shall be reserved exclusively for programs dedicated to children under the age of 14.

15. Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c).

16. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a certificate of need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

General Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

The Mississippi Department of Health will review applications for a Certificate of Need for the establishment, offering, or expansion of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment beds/services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications for Certificate of Need according to the policies in this *Plan*; the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the general and service specific criteria and standards listed below.

The offering of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment facility services is reviewable if the proposed provider has not offered those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered. The construction, development, or other establishment of a new health care facility to provide acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment services requires CON review regardless of capital expenditure.

1. Need Criterion:

a. **New /Existing Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services:** The applicant shall document a need for acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds using the appropriate bed need methodology as presented in this section under the service specific criteria and standards.

b. **Projects which do not involve the addition of acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds:** The applicant

shall document the need for the proposed project. Documentation may consist of, but is not limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans duly adopted by the governing board, recommendations made by consultant firms, and deficiencies cited by accreditation agencies (JCAHO, CAP, etc.).

c. **Projects which involve the addition of beds:** The applicant shall document the need for the proposed project. Exception: Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve additional beds for facilities which have maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period or at least 70 percent for the most recent two (2) years.

d. **Child Psychiatry Fellowship Program:** Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve a 15-bed acute child psychiatric unit at the University of Mississippi Medical Center for children aged 4-12 to provide a training site for psychiatric residents.

2. The application shall affirm that the applicant will record and maintain, at a minimum, the following information regarding charity care and care to the medically indigent and make such information available to the Mississippi Department of Health within 15 business days of request:

   a. source of patient referral;

   b. utilization data, e.g., number of indigent admissions, number of charity admissions, and inpatient days of care;

   c. demographic/patient origin data;

   d. cost/charges data; and

   e. any other data pertaining directly or indirectly to the utilization of services by medically indigent or charity patients which the Department may request.

3. A CON applicant desiring to provide or to expand chemical dependency, psychiatric, and/or psychiatric residential treatment facility services shall provide copies of signed memoranda of understanding with Community Mental Health Centers and other appropriate facilities within their patient service area regarding the referral and admission of charity and medically indigent patients.

4. Applicants should also provide letters of comment from the Community Mental Health Centers, appropriate physicians, community and political leaders, and other interested groups that may be affected by the provision of such care.

5. The application shall document that within the scope of its available services, neither the facility nor its participating staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.

6. The application shall document that the applicant will provide a reasonable amount of charity/indigent care as provided for in Chapter I of this *Plan*.

Service Specific Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

Acute Psychiatric Beds for Adults

1. The Mississippi Department of Health shall base statistical need for adult acute psychiatric beds on a ratio of **0.21 beds per 1,000 population aged 18 and older for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-4 presents the statistical need for adult psychiatric beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for adults may be located in either freestanding or hospital-based facilities. Freestanding facilities should not be larger than 60 beds. Hospital units should not be larger than 30 beds. Patients treated in adult facilities and units should be 18 years of age or older.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff providing treatment should be specially trained for the provision of psychiatric and psychological services. The staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment.

Acute Psychiatric Beds for Children and Adolescents

1. The Mississippi Department of Health shall base statistical need for child/adolescent acute psychiatric beds on a ratio of **0.55 beds per 1,000 population aged 7 to 17 for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-4 presents the statistical need for child/adolescent psychiatric beds. Of the specified beds needed, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for children and adolescents may be located in freestanding or hospital-based units and facilities. A facility should not be larger than 60 beds. All units, whether hospital-based or freestanding, should provide a homelike environment. Ideally, a facility should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred. For the purposes of this *Plan*, an adolescent is defined as a minor who is at least 14 years old but less than 18 years old, and a child is defined as a minor who is at least 7 years old but less than 14 years old.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare services must also be provided.

4. The applicant shall describe the structural design of the facility in providing for the separation of children and adolescents. In facilities where both children and adolescents are housed, the facility should attempt to provide separate areas for each age grouping.

Chemical Dependency Beds for Adults

1. The Mississippi Department of Health shall base statistical need for adult chemical dependency beds on a ratio of **0.14 beds per 1,000 population aged 18 and older for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-5 presents the statistical need for adult chemical dependency beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency treatment programs may be located in either freestanding or hospital-based facilities. Facilities should not be larger than 75 beds, and individual units should not be larger than 30 beds. The bed count also includes detoxification beds. Staff should have specialized training in the area of alcohol and substance abuse treatment, and a multi-discipline psychosocial medical treatment approach which involves the family and significant others should be employed.

3. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Chemical dependency treatment programs should include extensive aftercare and follow-up services.

4. The applicant shall specify the type of clients to be treated at the proposed facility. Freestanding chemical dependency facilities and hospital-based units should provide services to substance abusers as well as alcohol abusers.

Chemical Dependency Beds for Children and Adolescents

1. The Mississippi Department of Health shall base statistical need for child/adolescent chemical dependency beds on a ratio of **0.44 beds per 1,000 population aged 12 to 17 for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-5 presents the statistical need for child/adolescent chemical dependency beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency beds may be located in either freestanding or hospital-based facilities. Because of the unique needs of the child and adolescent population, facilities shall not be larger than 60 beds. Units shall not be larger than 20 beds. The bed count of a facility or unit will include detoxification beds.

   Facilities or units, whether hospital-based or freestanding, should provide a home-like environment. Ideally, facilities should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and significant others. Aftercare services must also be provided.

4. The applicant shall describe the structural design of the facility in providing for the separation of the children and adolescents. Child and adolescent patients shall be separated from adult patients for treatment and living purposes.

5. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Extensive aftercare and follow-up services involving the family and significant others should be provided to clients after discharge from the inpatient program. Chemical dependency facilities and units should provide services to substance abusers as well as alcohol abusers.

Psychiatric Residential Treatment Facility Beds/Services

1. The Mississippi Department of Health shall base statistical need for psychiatric residential treatment beds on a ratio of **0.4 beds per 1,000 population aged 5 to 21 for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-6 presents the statistical need for psychiatric residential treatment facility beds.

2. The application shall state the age group that the applicant will serve in the psychiatric residential treatment facility and the number of beds dedicated to each age group (5 to 13, 14 to 17, and 18 to 21).

3. The applicant shall describe the structural design of the facility for the provision of services to children less than 14 years of age. Of the beds needed for psychiatric residential treatment facility services, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age. An applicant proposing to provide psychiatric residential treatment facility services to children less than 14 years of age shall make provision for the treatment of these patients in units which are programmatically and physically distinct from the units occupied by patients older than 13 years of age. A facility may house both categories of patients if both the physical design and staffing ratios provide for separation.

   This criterion does not preclude more than 25 psychiatric residential treatment facility beds being authorized for the treatment of patients less than 14 years of age. However, the Department shall not approve more than 334 psychiatric residential treatment facility beds statewide unless specifically authorized by legislation. (Note: the 388 licensed and CON approved beds indicated on page IX-35 was the result of both CON approval and legislative actions).

4. The applicant shall provide information regarding the proposed size of the facility/unit. A psychiatric residential treatment facility should provide services in a homelike environment. Ideally, a facility should provide cottage-style living units not exceeding 15 beds. A psychiatric residential treatment facility should not be larger than 60 beds.

5. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the treatment needs of the age category of patients being served. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare/follow-up services must also be provided.

Table IX-4
Statewide Acute Psychiatric Bed Need
2006

Bed Category and Ratio	2010 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
Adult Psychiatric: 0.21 beds per 1,000 population aged 18+	2,352,602	494	504	-10
Child/Adolescent Psychiatric: 0.55 beds per 1,000 population aged 7 to 17	473,563	260	262	-2

Sources**:** Applications for Renewal of Hospital License for Calendar Year 2004 and FY 2003 Annual Hospital Report; and Division of Health Planning and Resource Development calculations, March 2004

Table IX-5
Statewide Chemical Dependency Bed Need
2006

Bed Category and Ratio	2010 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
Adult Chemical Dependency: 0.14 beds per 1,000 population aged 18+	2,352,602	329	303	26
Child/Adolescent Chemical Dependency: 0.44 beds per 1,000 population aged 12 to 17	267,140	118	52	66

Sources: Applications for Renewal of Hospital License for Calendar Year 2004 and FY 2003 Annual Hospital Report; Division of Health Planning and Resource Development calculations, March 2004

Table IX-6
Statewide Psychiatric Residential Treatment Facility Bed Need
2006

Age Cohort	Bed Ratio per 1,000 Population	2010 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
5 to 21	0.4	748,150	299	388	-89

Sources: Mississippi State Department of Health, Division of Health Planning and Resource Development, March 2004